men, and on one occasion as low as 1,000,000 in one of the women. The hæmoglobin varied from 55 to 65 per cent. The red-blood corpuscles were regular in contour, varying in size from 6 to 10μ, a few measuring as much as 12μ; there were no nucleated reds, but well-marked polychromatophilia. In at least 2 of the cases the icterus was definitely present from birth.

Cases similar to these have been reported by Hayem, Gilbert, and Bettman. In a number of the French observations the jaundice was only doubtfully congenital and the spleen not enlarged, and in some there was evidence of hepatic disease. As practically nothing is known of the changes at the bottom of the condition, the classification must remain uncertain. The only autopsy on record is taken from Minkowski on a case dead of pneumonia. No special changes were found in the liver, and the gall passages were quite clear. A small pigment stone was found in the gall-bladder. Even microscopically there were no striking changes in the liver. The intestines contained abundant bile. The spleen was enlarged, and microscopically there was simple hyperplasia and hyperæmia. The appearance of the kidneys was striking. Along the cortex there was a peculiar brownish discoloration produced by a granular pigment deposited in the epithelial cells of the convoluted tubules. Not only did this pigment give an intense reaction for iron, but there was a large amount of the metal united with proteids, which gave the reaction only after boiling with ammonium sulphide. From the ash of one kidney about 0.5 gm. of pure iron was obtained. Similar pigmentation did not occur in any other organ. Minkowski concludes that the condition depends upon some peculiar anomaly in the blood pigment transformation, perhaps consequent upon a primary change in the spleen. In Bettman's case the intensity of the jaundice displayed marked variations deepening after excesses in food and drink, after physical excitement, especially anger, after overexertion, and particularly after exposure to cold. Experimentally hæmoglobinuria could be produced by the application of cold, and Bettman assumes an abnormal tendency of the corpuscles to give off hæmoglobin to the serum, thinking that this explains best the variations in the extent of the jaundice and splenic swelling.

The Diagnostic Significance of Strangulation Marks on Round-worms.—W. EBSTEIN (*Deutsche Arch. f. klin. Med.*, 1904, Band lxxxi., p. 543) says that round-worms are remarkable for their wandering propensities, and also for their ability to force their way through very narrow openings. They have been found in the Eustachian tube and in the tear-ducts, and in an instance reported by Bruneau one had reached the external ear by way of the Eustachian tube and through a perforation in the ear drum. Not uncommonly, too, they enter the bile passages, and they have been found in the gall-bladder, and even in the ducts within the liver itself. Worms entering the common duct may not only cause obstructive jaundice, but, by carrying infectious material from the intestine, they may give rise to a suppurative inflammation of the ducts and liver, with metastatic abscesses in other organs.

Ebstein refers to a case previously reported from his clinic by Mertens. The patient, very ill with symptoms of obstructive jaundice and sepsis, began to improve immediately after the passage of two partly macerated round-worms. This striking relation of the improvement to the evacuation of the worms certainly impresses one as more than a coincidence, but Ebstein urges that it establishes only a high degree of probability in favor of the worms or worm having been in the common duct. The remaining doubt, however, he thinks, is quite dispelled by the presence on one of the worms of a strangulation mark situated about 5 cm. below the head. An eminent zoölogist who examined the specimen declared that such markings never occurred normally, and was of the opinion that it could only have been produced by the worm having been struck by its front end in a small canal. This view was supported by the marked difference in diameter of the worm before and behind the constriction, a difference of 1.5 mm. Ebstein thinks that the finding of these strangulation marks may be of diagnostic importance in establishing without doubt the causative relation of round-worms to bile-duct symptoms which may have been present before their passage.

Family Tabes.—CRONER (*Berliner klin. Wochenschrift*, 1904, No. 49, p. 1266) contributes the following instances to show the relation of family to syphilitic disease of the nervous system: In a family of four children where there was apparently no hereditary taint, the three brothers all developed tabes, and the sister died at the age of fifty years of a "paralytic stroke." In another family of four brothers and two sisters, three of the men became tabetic; one brother died young of typhoid fever, one sister of diabetes, and the other sister of miliary tuberculosis. Croner thinks there must be some factors other than chance to determine the point at which the syphilitic virus strikes. Instances like the above might suggest some inherited peculiarity in the cord as an important factor in the etiology of tabes.

SURGERY.

UNDER THE CHARGE OF

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Intertesticular Anastomosis.—GATTI (*Annales des malades organes genito-urinaires*, May 15, 1905, p. 721) defines synorchidism as a fusion of the two testicles, which is an exceptional anomaly, only one case being reported, that of Geoffry St. Hilaire. The two testicles in this case had been welded along the median line, the differential lines were double, and each part of the double testicle received its own particular vessels.

Intertesticular anastomosis, as proposed by Gatti, consisted in making the excretory small canals of the interrupted testicle communicate